Section I; G	eneral Inform	ation			
Servicing Official: J. Vilian			Date:	6-24-15	
Type of Visit: Comp. Rev.			Year B		
Property Name: OKEE/OSCEOLA CENTER					
Management Agent Name: BELLE GLADE HOUSING AUTHORITY			No. of	Units: 713	
Borrower Name: BELLE GLADE HOUSING AUTHORITY			RA Uni	ta: 224	
Borrower ID and Project No: 699911096 01-4		Project 1	Гуре: Fa	amily	
Directions: Indicate A=Acceptable. Acceptable indicates that the condition is satisfactory or up to industry standard. F=Finding. A finding is a failure to meet physical standards that indicate a widespread occurrence or pattern of a physical problem that should be corrected through routine procedures. Health & Safety, or accessibility issues are either a finding or V=Violation (a finding that because of its severity requires using the three servicing letters, and possibly the pursuit of acceleration). N/A=Not Applicable. For each finding or a violation, use the comment section to provide an explanation of the problem including possible corrective action. Indicate the Estimated Completion Date (ECD) in the column provided. The comment section may be used for observations or notes.					cocedures. Nuse of Ntion of
Section II: Exterior Sits Inspection	A	F	v	ECD	N/A
Utilities					
Drainage and Erosion Control Okecchebec ctr.	6.11.				
Landscaping and Grounds	111111111111111111111111111111111111111	5 bleed	Fill		
Daniel Capture and Oronics	Childing	s need	Fill		
Drives, Parking Surfaces and Walks	Owing ne	s heed	Fill		
	Chulia i na	s heed	Fill		
Drives, Parking Surfaces and Walks	Julia na	s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility Fences and Retaining Walls		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility Fences and Retaining Walls Debris and Graffiti		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility Fences and Retaining Walls Debris and Graffiti Lighting Foundation		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility Fences and Retaining Walls Debris and Graffiti Lighting Foundation		s heed	Fill		
Drives, Parking Surfaces and Walks Exterior Signage Site Accessibility Fences and Retaining Walls Debris and Graffiti Lighting Foundation Exterior Walls and Siding Blace need nain		s heed	Fill		

Comments/Observations(use additional sheet(s) as needed):

Vacants: 1244

Common Area Accessibility

Okecchobice Ctr. bldgs. are in the process of being painted. Service is being donated by members of Christ Fellowship Church. Osceola Center painting will follow.

Sensitive but Unclassified/Sensitive Security Information - Disseminate on a Naed-To-Know Baaia Only

MFH /- C /Slthan	Ŀ		
MFH /- C /Slfhlin. Worksheet Street	+		
Project Name: OKEE/OSCEOLA CENTER	-		
Tenant Name: Jeremiah Winnal	-		
Unit#: 1071	+	OKEC O	61
Occupancy Date: 11-12-08 41	t ·	Whee U	υu
Directions: Use this worksheet as a guide information or mark the appropriate box(Y comments/observation section. Use data fr		propriate n as needed i	in the
General Control	-	NO	N/A
1. How many people live in household?		. :	
2. Did you pay a security deposit? If so,	-		
\$	1		
3. How much do you pay for rent? 5 10/			14
4. How much do you pay for utilities?			*
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification			
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?		1	
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	n/a
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit		;	,
13. Do you have a need for the accessibility features of this unit?	,		1 January
14. If not, does your lease require you to move if an individual needing		-	
these features applies?			

Depa

Comments/Observatione(use additional sheet(s) as needed):

No English

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	1	Unit #:			_
Is this unit vacant?:	Dats	vacetsd:		Rent Ready:	
Tenant Name:		-		•	
Apartment Unit - General	A	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)	i				
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	RCD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings	V,				
Windows				_	
Refrigerator					
Range and Range Hood					
Sinks	1,				
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	n/a
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					V
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observatione(use additional sheets(s) as needed):

Department of Adriculture

R١

MFH I - (Sthane Stheet Worksheet for Project Name: OKEE/OSCEOLA CENTER Tenant Name: Doroteo Maldonaa Occupancy Date: Directions: Use this worksheet as a guide for opriate information or mark the appropriate box (YES, s needed in the comments/observation section. Use data from General . NO N/A 1. How many people live in household? 2. Did you pay a security deposit? If so, ho 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, ombunity room and common area, if applicable. If no, why not? 8. Do you understand the income verification and contification process? 9. Do you know about the grievance procest? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Commente/Observatione (use additional eheet(s) as needed):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		Unit #:			
Is this unit vacant?:	Date	Date vacated: Rent Ready:			
Tenant Name:					
Apartment Unit - General	A	F	ν	ECD	N/A
Water Heaters					
Emergency Call System (if installed)			1		
Fire Protection			1	_	
Accessibility			1		
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door			-	-	
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchsn	λ	F	ν	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator	1				V
Range and Range Hood					
Sinks					
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring			1		

Comments/Observations(use additional sheets(e) as nseded):

Sensitive but Unclaesified/Sensitive Security Information - Disseminate on a Need-To-Know Basis Only

MP

Project Name: OKEE/OSCOLA CENTER Tenant Name: Dorathy McCloud Unith: 1070 Occupancy Data: 0-15-85 Directions: Use this worksheet as a guidinformation or mark the appropriate box() comments/observation section. Use data fi Genera 1. Now many people live in household? 2. Did you pay a security deposit? If so, s 3. Now much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common stee, if applicable. If no, why not? 8. Do you understand the income verification process? 9. Do you whow about the grievance process? 10. *Do you find the management's appone to your request for repairs acceptable? Why or why not? **Accessibility** 11. *Do you find the Naintenapce acceptable? Why or why not? **Accessibility** 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit?	15 - 13			
Intermation or mark the appropriate box() Comments/observation section. Use data fi Genera 1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you understand the grievance process? 10. *Do you find the management's insponse to your request for repairs acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	Worksheet	_		
Intermation or mark the appropriate box() Comments/observation section. Use data fi Genera 1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you understand the grievance process? 10. *Do you find the management's insponse to your request for repairs acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	Project Name: OKEE/OSCEOLA CENTER	, ,		
Intermation or mark the appropriate box() Comments/observation section. Use data fi Genera 1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you understand the grievance process? 10. *Do you find the management's insponse to your request for repairs acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	Tenant Name: Dorothy McCloud	-	67.11	, , ,
Intermation or mark the appropriate box() Comments/observation section. Use data fi Genera 1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you understand the grievance process? 10. *Do you find the management's insponse to your request for repairs acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	Unit#: /070	$\perp \ell$	IKee a	bd
Intermation or mark the appropriate box() Comments/observation section. Use data fi Genera 1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you understand the grievance process? 10. *Do you find the management's insponse to your request for repairs acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	Occupancy Date: 6-15-85	5		
NO N/A	information or mark the appropriate box()	ppr bn		the
1. How many people live in household? 2. Did you pay a security deposit? If so, \$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. *Do you find the management's desponse to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenapte acceptable? Why or why not? Accessibility YES NO N/A Por Fully Accessible Unit	comments/observation section. Use data fi			
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\$ 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. *Do you find the management's sysponse to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenapte acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested?	1. How many people live in household?			
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common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenapte acceptable? Why or why not? Accessibility 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	6. *If no, how or you pay your rent and expenses?			
common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenapte acceptable? Why or why not? Accessibility 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	7. Do you have access to the laundry facilities, community room and			
process? 9. Do you know about the grievance process? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested?				
9. Do you know about the grievance process? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested?	8. Do you understand the income verification and certification			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested?	process?			
repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	9. Do you know about the grievance process?			
11. *Do you find the Maintenapce acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	10. *Do you find the management's response to your request for			
Accessibility YBS NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	repairs acceptable? Why or why not?			
Accessibility YBS NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	11 the year find the Maintenande assentable 2 Why by why not?			
12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	11. The year lind the Maintenapee acceptable; why be why not?			
12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit	/			
For Fully Accessible Unit	Accessibility	YES	МО	N/A
	12. Has the owner made reasonable accommodations as requested?			
	,			
13. Do you have a need for the accessibility features of this unit?	For Fully Accessible Unit			, ,
	13. Do you have a need for the accessibility features of this unit?			
14 If not done way loose require you to make if an individual reading	14 To not done your loans require you to move if an individual residen			
14. If not, does your lease require you to move if an individual needing these features applies?			}	

Comments/Observations(use additional sheet(s) as needed):

Unable to access unit to inspect-Key not available

Project Name: OKEE/OSCEOLA CENTER	1	Unit #:			
Is this unit vacant?:	Date	Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	" V	ECD	N/2
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	ECD	N/1
Entrance Door					
Walls and Ceilings					
Door and Windows				*	
Flooring					
Kitchen	A	F	v	ECD	N/I
Walls and Ceilings					
Windows]		
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets					
Flooring					
Accessibility			•		
Bathroom	A	F	V	ECD	N/I
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom ·	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Department Rural 1 MFH Physic Worksheet for MFH Project Name: OKEE/OSCEOLA CENTER Tenant Name: Unit#: Occupancy Date: 11-30-11 Directions: Use this worksheet as a guide for ind information or mark the appropriate box(YES, NO. comments/observation section. Use data from MFIS General 1. How many people live in household? 2. Did you pay a security deposit? If so, how muc 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not?, 8. Do you understand the income vertipoation and certification process? 9. Do you know about the grievande process? 10. *Do you find the management's response to your request for repairs acceptable? Why or My not? 11. *Do you find the Maintenance/acceptable? Why or why not? Accessibility YES NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13 31 13. Do you have a need for the accessibility features of this unit?

Comments/Observations(use additional sheet(s) as needed):

14. If not, does your lease require you to move if an individual needing

these features applies?

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	t	Jnit #:			
Is this unit vacant?:	Date	Date vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	ν	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows				*	
Flooring					
Kitchen	A	F	V	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets					
Flooring					/
Accessibility					
Bathroom	A	F	ν	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	ν	ECD	N/A
Walls and Ceilings	1				
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Departmen Rurai MFH Phys

Worksheet for MF	Ċ		
Project Name: OKEE/OSCEOLA CENTER)		
Tenant Name: Emmanuel Ferdinand		:	
Unit#: //9/	THERT		3/21
Occupancy Date: 5-1-99	[7CKR [-04:
Directione: Use this worksheet as a guide for i		ate	
information or mark the appropriate box(YES, NO		eeded	in the
comments/observation section. Use data from MFI,			
General	75/	NO	N/A
1. How many people live in household?		~	30
2. Did you pay a security deposit? If so, how m		-	
\$	1 /	1	
3. How much do you pay for rent?	/		
\$			•
4. How much do you pay for utilities?		. * /	* "
S. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?		, "	
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8: Do you understand the income verification and certification	X 2		
process?	1		
9. Do you know about the grievance process?	7 0		
10. *Do you find the management's response to your request for	B.		
repairs acceptable? Why or why not?	2)		
11. *Do you find the Maintenance acceptable? Why or Why not?			
$\lambda / \lambda /$			
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit			1 23 6
13. Do you have a need for the accessibility features of this unit?			T
14. If not, does your lease require you to move if an individual needing these features applies?			
PHOTO TORONTOR APPATOS:			

Comments/Observations(use additional ehest(s) as needed);

Section III: Unit Inspaction					
Project Name: OKEE/OSCEOLA CENTER	Ur	it #:			
Is this unit vacant?;	Dats v	acated:		Rent Raady:	
Tsnant Name:					
Apartment Unit - General	A /	F	v	RCD	N/3
Water Heaters					
Emergency Call System (if installed)	1				
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door			1		
Walls and Ceilings		-			
Door and Windows			 		
Flooring					
Kitchen	A	P	v	ECD	N/A
Walls and Ceilings NIIIs to ne Scianed a Da.	inted		1		-
Windows Needs to De Scraped & Par					
Refrigerator ternotowns					
Range and Range Hood					
Sinks					- V
Cabinets					
Flooring		-			
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings Paint period			1		
Doors			 		
Flooring			-		
Accessibility			-		
Bedroom # 2	A	F	v	ECD	N/A
Walls and Ceilings Paint puling					
Door and Windows					
Flooring			-		

Comments/Observations(uss additional sheets(s) as needed):

Mold throughout unit

Project Name: OKEE/OSCEOLA CENTER Street Tenant Name: it Type: Okec Unit#: Occupancy Date Directions: Use this worksheet a er the appropriate information or mark the appropria nformation as needed in the comments/observation section. Use N/A 1. How many people live in house 2. Did you pay a security deposit: 11 25, ... 3. How much do you pay for rent? 4. How much do you pay for utilities? elec +60-70 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable. If no, why not? 8. Do you understand the income verification and certification process? 9. Do you know about the grievance process? 10. *Do you find the management's response to your request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YES N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations(use additional sheet(s) as needed):

Section III: Unit Inspection Project Name: OKEE/OSCEOLA CENTER		Init #:			
Is this unit vacant?:		vacated:		Rent Ready:	
Tenant Name:	Date	Vacatou,		Nobe Note;	
		F	T v T	ECD	N/A
Apartment Unit - General	A/				
Water Heaters					
Emergency Call System (if installed)					
Fire Protection		-			
Accessibility			-		
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	V	ECD	N/A
Entrance Door needs seal replaced					
Walls and Ceilings					
Door and Windows	1,				
Flooring					
Kitchen	A	F	ν	ECD	N/A
Walls and Ceilings	V.				
Windows					
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets need replaced					
Flooring					
Accessibility					
, Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings	7.				
Doors					
Flooring	/				,
Accessibility					
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings	-/_				
Door and Windows	1,				
Flooring			1		

Comments/Observations(use additional sheets(s) as needed):

Hole in	n wall behind washer	,
Cable	by front needs to be	removed-trip hazard

MFI 25-B

Worksheet (///////////////////////////////////	7/51		
Project Name: OKEE/OSCEOLA CENTER	(-)		
Project Name: OKEE/OSCEOLA CENTER Tenant Name: Pamela D. Woods Unit#: 1304	,		
Unit#: /306	ee F	Okec	2 bd.
Occupancy Date: 6-27-87			
Directions: Use this worksheet as a guide		propriate	
information or mark the appropriate box(Y	<i>)</i>	n as needed	in the
comments/observation section. Use data fr	<i>'</i>		
Genera	1	NO	N/A
1. How many people live in household?	İ		49.35
2. Did you pay a security deposit? If so, now much:	1	_	
\$		1000	
3. How much do you pay for rent? \$. /	A Comment	,
4. How much do you pay for utilities? \$	aprice of the second	~ .	
5. *Are you working? If so where?	A B STORY OF THE S		
6. *If no, how do you pay your rent and expenses?		4	
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification			
process?	_		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
	1100	NO	VI / 3
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit	:		4.
13. Do you have a need for the accessibility features of this unit?			
•			
14. If not, does your lease require you to move if an individual needing			,
these features applies?			

Commente/Observations(uss additional shest(s) as needed):

Section III: Unit Inspection			·	-	
Project Name: OKEE/OSCEOLA CENTER	τ	Jnit #:			
Is this unit vacant?:	Date	vacated:		Rent Ready:	
Tenant Name:	-				
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters					
Emergency Call System (if installed)	,				
Fire Protection					
Accessibility					7
Electrical, Air Conditioning and Heating	7.				
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator					/
Range and Range Hood					
Sinks	7,				
Cabinets					
Flooring					
Accessibility					
Bathroom	λ	F	V	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility				-	
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Sensitive but Unclassified/Sensitive Security Information - Disseminata on a Need-To-Know Basia Only

Departmen Rura MFH Phy.

Kouse unit Strent Worksheet for ME Project Name: OKEE/OSCEOLA CENTER Tenant Name: uclerson Unit#: Occupancy Date: 2-20-15 late Directions: Use this worksheet as a guide for : information or mark the appropriate box(YES, NC seeded in the comments/observation section. Use data from MF1 NO N/A General 1. How many people live in household? 2. Did you pay a security deposit? If so, how m 3. How much do you pay for rent? 4. How much do you pay for utilities? 5. *Are you working? If so where? 6. *If no, how do you pay your rent and expenses? 7. Do you have access to the laundry facilities, community room and common area, if applicable, If no, why not? 8. Do you understand the income verification and centification process? 9. Do you know about the grievance process? 10. *Do you find the management's response our request for repairs acceptable? Why or why not? 11. *Do you find the Maintenance acceptable? Why or why not? Accessibility YRS NO N/A 12. Has the owner made reasonable accommodations as requested? For Fully Accessible Unit 1 2, 12. 13. Do you have a need for the accessibility features of this unit? 14. If not, does your lease require you to move if an individual needing these features applies?

Comments/Observations(uss additional sheet(e) as needed):

Section III: Unit Inspection					
Froject Name: OKEE/OSCEOLA CENTER	T.	Jnit #:			
Is this unit vacant?:	Date	vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	ν	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					<u> </u>
Fire Protection	1				
Accessibility					
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	BCD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	v	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator	-,				✓
Range and Range Hood					/
Sinks	V,				
Cabinets	7,				
Flooring					
Accessibility					V
Bathroom	A	F	ν	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings			1		
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

™ 63			
Workshee FILES	dec		
Project Name: OKEE/OSCEOLA CENTER	4 /3		
Project Name: OKEE/OSCEOLA CENTER Tenant Name: Juan Cristobal Unit#: 1429 Occupancy Date: 5-21-14	B:	Okec 3	2 61
Occupancy Date: 5-21-14 9 1211	ACE box	1100) Da ·
Occupancy Date: 5-2/-/4 Directions: Use this worksheet as a gui information or mark the appropriate box comments/observation section. Use data	appr	opriate as needed i	in the
Gener 339		МО	N/A
1. How many people live in household?	<i>/</i> ·		
2. Did you pay a security deposit? If so, how much?			
S APPIOX. 3. How much do you pay for rent? 5 96 WICK \$390 appior			
3. How much do you pay for rent? \$ 94 Week \$390 appro	X		
4. How much do you pay for utilities? . \$ elec \$170-150 water	7/20-150		
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?			
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for	<i>pr</i>		
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?	/		
Accessibility	YKE	NO	N/A
12. Has the owner made reasonable accommodations as requested?			/
For Fully Accessible Unit			
13. Do you have a need for the accessibility features of this unit?			/

Comments/Observations(use additional sheet(s) as needed):

"prefers Osceola" "Diane very nice"

14. If not, does your lease require you to move if an individual needing

these features applies?

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	t	fnit #;			
Is this unit vacant?:	Date	vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	A	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)		 			
Fire Protection		 	_		
Accessibility		 			
Electrical, Air Conditioning and Heating				•	
Insect/Rodent Infestation			1		
Living Room/Dining Room	A	F	v	BCD	N/3
Entrance Door		-			
Walls and Ceilings			-		_
Door and Windows			-		
Flooring			1		
Kitchen	A	F	v	ECD	N/A
Walls and Ceilings					
windows needs screen				-	
Refrigerator					-
Range and Range Hood		-			1
Sinks					
Cabinets	-				
Flooring		 			
Accessibility					
Bathroom	A	F	v	BCD	N/A
Water closet fan not working	1				
Bathtub and Shower Stall					
Sinks/Vanity		-			
Walls and Ceilings				-	
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	BCD	N/A
Walls and Ceilings			+		
Door and Windows					
Flooring					

Comments/Observations (use additional sheets (s) as needed):

"Scared of lightfixture (bathroom) but does't work

1570 12th DR

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Yolander Felton			
Unit#: 2038	Unit Type:	050 1	hd
Occupancy Date: 8-4-14	NTC: /'7	,	XXX.
Directions: Use this worksheet as a guide for individual tenant interviews. information or mark the appropriate box(YES, NO, or N/A). *Provide addition comments/observation section. Use data from MFIS TNT1000 for responses below	al information	ropriate as needed	in the
General	YES	NO	N/A
1. How many people live in household?		5	3 :
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? \$		1	
4. How much do you pay for utilities? \$		4	
5. *Are you working? If so where?			
6. *If no, how do you pay your rent and expenses?		11.0	with the
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit		3. 1	2 1
13. Do you have a need for the accessibility features of this unit?			/
14. If not, does your lease require you to move if an individual needing these features applies?			

Communits/Observations(use additional sheet(s) as nesded):

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	t	nit #;		· · · · · · · · · · · · · · · · · · ·	-
Is this unit vacant?:	Date	vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	λ	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating				-	
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings			1		
Door and Windows				-	
Flooring					
Kitchen	A	F	ν	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator			†		
Range and Range Hood			1		
Sinks	1		1		
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet TP holder missing					
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					,
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Commants/Observations(use additional sheets(s) as needed):

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1462 12th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER				
Tenant Name: Gwendolyn Fashaw				
Unit#: 2087	Unit Type:	050, 11	50	
Occupancy Date: 3-1-01	NTC: 64			
Directione: Use this worksheet as a guide for individual tenant interviews. information or mark the appropriate box(YES, NO, or N/A). *Provide addition comments/observation section. Use data from MFIS TNT1000 for responses below	al information	ropriate as needed i	n the	
General	YES	NO	N/A	
1. How many people live in household?	•	1.11		
2. Did you pay a security deposit? If so, how much?		r T		
3. How much do you pay for rent? 64				
3. How much do you pay for rent? \$ 44				
4. How much do you pay for utilities? \$ Water \$ 73 clee \$ 190	f,			
5. *Are you working? If so where?		A sural article		
6. *If no, how do you pay your rent and expenses? 557 disabled t	armisorke	1 1 1		
7. Do you have access to the laundry facilities, community room and	40 THEOTICE			
common area, if applicable. If no, why not?	V			
8. Do you understand the income verification and certification				
process?				
9. Do you know about the grievance process?			· · ·	
10. *Do you find the management's response to your request for				
repairs acceptable? Why or why not?				
11. *Do you find the Maintenance acceptable? Why or why not?				
Accesibility	YES	NO	N/A	
12. Has the owner made reasonable accommodations as requested?				
•				
For Fully Accessible Unit		:		
13. Do you have a need for the accessibility features of this unit?				
14. If not, does your lease require you to move if an individual needing these features applies?			/	
	1			

Commente/Observatione (use additional sheet (e) as needed):

"Never had no problem"

Saction III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER		Unit #:			
Is this unit vacant?:	Data	vacated:		Rent Ready:	
Tenant Name:	· · · · ·	• •			
Apartment Unit - General	A	F	V	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchen	A	F	V	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator tenant owned.					
Range and Range Hood	,				
Sinks	7.				
Cabinets					
Flooring					
Accessibility					
Bathroom	A	F	v	RCD	N/A
Water Closet					
Bathtub and Shower Stall				_	
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	V	BCD	N/A
Walls and Ceilings					
Door and Windows					
Flooring	1				

Comments/Observations (use additional sheets(s) as needed):

Replace light cover in bedroom & bedroom closet

1629 11th st

Worksheet for MFH Individuel Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Alfredo Trevino			
Unit#: 2/38	Unit Typs:	05C 3	bd.
Occupancy Date: 9-1-98	NTC: 407		
Directions: Use this worksheet as a guide for individual tenant interviews. information or mark the appropriate box(YES, NO, or N/A). *Provide additiona comments/observation section. Use data from MFIS TNT1000 for responses below	l information		in the
Generel	YES	NO	N/A
1. How many people live in household?		+	
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? 5 98/week			
3. How much do you pay for rent? \$ 98 Week	•		
4. How much do you pay for utilities? \$ elec \$139 water \$130			
5. Are you working? If so where? Duda	Carrier and France		
6. *If no, how do you pay your rent and expenses?		'	
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	/		
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			/
For Fully Accessible Unit	'		
13. Do you have a need for the accessibility features of this unit?			1
			V
14. If not, does your lease require you to move if an individual needing these features applies?			
• •			V

Comments/Observations(use additional sheet(s) as needed):

"Sometimes take a little long to fix things but they fix it" "like it here better than other places"

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Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	t	Jnit #:			
Ie this unit vacant7;	Date	vacated:		Rent Ready:	
Tenant Name:					
Apartment Unit - General	А	F	V	ECD	N/A
Water Heaters					
Emergency Call System (if installed)	,				
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	ECD	N/A
Entrance Door					
Walls and Ceilings					
Door and Windows					
Flooring				<u> </u>	
Ki tchen	A	F	v	ECD	N/A
Walls and Ceilings					
Windows					
Refrigerator					
Range and Range Hood rusted					
Sinks					
Cabinets					
Flooring					
Accessibility					/
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall				-	
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations (use additional sheets(s) as needed):

1664 11th st

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Alexandra Galleges Unit#: 2/9/			
Unit#: 2/9/	Unit Type:	15C 0	2 bd.
Occupancy Date: /- 2/-//	NTC: 342		
Directions: Use this worksheet as a guide for individual tenant interviews.			
information or mark the appropriate box(YES, NO, or N/A). *Provide additional comments/observation section. Use data from MFIS TNT1000 for responses below		as needed	in the
Comments observation section, use data from MM15 IMITOUU for responses below	٧.		
General	YES	NO	N/A
1. How many people live in household?	:		
2. Did you pay a security deposit? If so, how much?			
3. How much do you pay for rent? 272 a comp			
3. How much do you pay for rent? \$ 173 approx.		11	2
4. How much do you pay for utilities? \$ elec \$100 water \$100	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
5. *Are you working? If so where?	Land		
6. *If no, how do you pay your rent and expenses? Stacks arms (hus)	band)	. **	
7. Do you have access to the laundry facilities, community from and	7/		
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification			
process?			
9. Do you know about the grievance process?			
10, *Do you find the management's response to your request for	, m		
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?	Land Comment		
Accessibility	YRS	NO	N/A
12. Has the owner made reasonable accommodations as requested?	1		
11. Has the owner made reasonable accommodations as requested.			
For Fully Accessible Unit			1 1
13. Do you have a need for the accessibility features of this unit?			1
			/
14. If not, does your lease require you to move if an individual needing			/
these features applies?			
g to the control of t	_1		.1

Comments/Observatione(use additional sheet(s) se needed):

wife unamployed "like living here, it's really good"

1471	12th	st
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Worksheat for MFH Individual Tanant Interview

Froject Name: OKEE/OSCEOLA CENTER			
Tenant Name: Clifford Dandison			
Unit#: 2244	Unit Type:	05c :	361
Occupancy Date: 7-15-05	Unit Type: (
Directions: Use this worksheet as a guide for individual tenant interviews.	Enter the app	copriate	
information or mark the appropriate box(YES, NO, or N/A). *Provide additional		as needed	in the
comments/observation section. Use data from MFIS TNT1000 for responses below.	•		
General	YES	NO	N/A
1. How many people live in household?			
2. Did you pay a security deposit? If so, how much?	٠, ١		
\$	1.		
3. How much do you pay for rent? 94/12006			
s 14/4:22		•	
3. How much do you pay for rent? \$ 94/week 4. How much do you pay for utilities? \$ elee \$ 200 water \$ 123		•	•
5. *Are you working? If so where?	مرما		
6. *If no, how do you pay your rent and expenses? fractor driver			
7. Do you have access to the laundry facilities, community room and			
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	/		
process?	V		
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for			
repairs acceptable? Why or why not?			
11. *Do you find the Maintenance acceptable? Why or why not?			
<u> </u>			
Accessibility	YES	NO	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit			'
13. Do you have a need for the accessibility features of this unit?			/
14. If not, does your lease require you to move if an individual needing			
these features applies?			

Comments/Observations(use additional sheet(s) as needed):

"like living in the area"

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER	ĭ	Jnit #:				
Is this unit vacant?:	Date	Date vacated:			Rent Ready:	
Tenant Name:						
Apertment Unit - General	λ,	F	v	BCD	N/A	
Water Heaters rusted						
Emergency Call System (if installed)						
Fire Protection						
Accessibility						
Electrical, Air Conditioning and Heating						
Insect/Rodent Infestation						
Living Room/Dining Room	A	F	V	RCD	N/A	
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen	A	F	v	ECD	N/A	
Walls and Ceilings	V.					
Windows						
Refrigerator						
Range and Range Hood rusted						
Sinks	V,					
Cabinets						
Flooring						
Accessibility						
Bathroom	A	F	V	BCD	N/A	
Water Closet need lightcover						
Bathtub and Shower Stall			<u> </u>			
Sinks/Vanity						
Walls and Ceilings						
Doors						
Flooring						
Accessibility					/	
Bedroom	À	P	v	ECD	N/A	
Walls and Ceilings						
Door and Windows						
Flooring						

Comments/Observations(use additional ehests(s) as needed):

ı	u	10	11	44	cl
Ţ	Ч	\mathcal{C}	- []	ナト	71

Worksheet for MFH Individual Tenant Interview

Project Name: OKEE/OSCEOLA CENTER			
Tenant Name: Miquel Perez Jr.			
Unit#: 23/8J	Unit Type:	250. 2	hd.
Occupancy Date: 8-22-08	NTC: 342		
Directione: Use this worksheet as a guide for individual tenant interviews information or mark the appropriate box(YES, NO, or N/A). *Provide addition comments/observation section. Use data from MFIS TNT1000 for responses below	al information a	opriate as needed .	in the
General.	YES	NO	N/A
1. How many people live in household?		, :	1
2. Did you pay a security deposit? If so, how much?		<u></u>	
3. How much do you pay for rent? -79			
3. How much do you pay for rent?	* d	1	*,
4. How much do you pay for utilities? \$ 2/10 \$50 water \$50			
5. *Are you working? If so where? Sugar house			
6. *If no, how do you pay your rent and expenses?		To a	
7. Do you have access to the laundry facilities, community room and		· ·	
common area, if applicable. If no, why not?			
8. Do you understand the income verification and certification	/		
process?			
9. Do you know about the grievance process?			
10. *Do you find the management's response to your request for repairs acceptable? Why or why not?	V.		
11. *Do you find the Maintenance acceptable? Why or why not?	loer -		
Accessibility	YES	МО	N/A
12. Has the owner made reasonable accommodations as requested?			
For Fully Accessible Unit	-,		
13. Do you have a need for the accessibility features of this unit?			/
14. If not, does your lease require you to move if an individual needing these features applies?			

Comments/Observations(use additional sheet(s) as needed):

" like it"

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Uı	nit #:			
Is this unit vacant?:	Dats vacated:			Rent Ready:	
Tenant Name:					
Apartment Unit - General	A /	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					
Fire Protection					
Accessibility					
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	A /	F	v	. ECD	N/A
Entrance Door	7				
Walls and Ceilings					
Door and Windows					
Flooring					
Kitchsn	A	F	V	BCD	N/A
Walls and Ceilings					
Windows					
Refrigerator rusted - Dwned by tenant					
Range and Range Hood	,				
Sinks	7,				
Cabinets	7,				
Flooring					
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet					
Bathtub and Shower Stall					
Sinks (Vanity) door off hinge					
Walls and Ceilings					
Doors	- V /				
Flooring					
Accessibility					
Bedroom	A	F	v	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheets(s) as needed):

Unit needs to be painted

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	U	nit #:			
Is thie unit vacant?;	Date vacated:		Rent Ready:	Rent Ready:	
Tenant Name:				1	
Apartment Unit - General	À	F	v	ECD	N/A
Water Heaters					
Emergency Call System (if installed)					1
Fire Protection					
Accessibility	,				
Electrical, Air Conditioning and Heating	1				
Insect/Rodent Infestation					
Living Room/Dining Room	λ	F	v	ECD	N/A
Entrance Door	1				
Walls and Ceilings					
Door and Windows					
Flooring	1				
Kitchen	A	F	A	ECD	N/A
Walls and Ceilings)				
Windows					
Refrigerator					
Range and Range Hood					
Sinks	1			-	
Cabinets				-	
Flooring					,
Accessibility					
Bathroom	A	F	v	ECD	N/A
Water Closet	1				
Bathtub and Shower Stall					
Sinks/Vanity					
Walls and Ceilings					
Doors					
Flooring need tike replaced behind	toilet				
Bedroom	λ	F	v	RCD	N/A
Walls and Ceilings		F .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	BCD.	M/A
Door and Windows					
Flooring					
110011113					

Comments/Observations(use additional sheets(s) as needed):

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1621 12th DR

Department of Agriculture Rural Development MFH Physical Inspection

Section III: Unit Inspection					
Project Name: OKEE/OSCEOLA CENTER	Ţ	Jnit #:	193		
Is this unit vacant?: V&S	Unit #: 2/93 Date vacated: 9-30-14			- Rent Ready: MO	
Tenant Nama:	·		<u> </u>		770
Apartment Unit - General	A	F	V	ECD	N/J
Water Heaters			1		
Emergency Call System (if installed)					- /
Fire Protection		1			
Accessibility			+ -	· -	-
Electrical, Air Conditioning and Heating					
Insect/Rodent Infestation					
Living Room/Dining Room	, A	F	v	ECD	N/A
Entrance Door	1		1		
Walls and Ceilings			++		
Door and Windows		 			
Flooring		-	+		
Kitchen	λ	F	v	BCD	N/A
Walls and Ceilings	-/-				
Windows		-	-	-	
Refrigerator					
Range and Range Hood					
Sinks					
Cabinets	1	-			
Flooring					
Accessibility			+ - +-		
Bathroom	A	F	v	ECD	N/A
Water Closet		-			
Bathtub and Shower Stall neids grout			-		
Sinks/Vanity (1012)					
Walls and Ceilings					
Doors					
Flooring					
Accessibility					-
Bedroom	A	F	V	ECD	N/A
Walls and Ceilings					
Door and Windows					
Flooring					

Comments/Observations(use additional sheats(s) as needed):

Admit needs to be cleaned

Section III: Unit Inspection						
Project Name: OKEE/OSCEOLA CENTER	τ	nit #:	244 13	62 OKec 1	tr.	
Is this unit vacant?; y/5		Date vacated:			Rent Ready: no	
Tenant Nams;	<u> </u>					
Apartment Unit - General	A ,	F	ν	ECD	N/A	
Water Heaters						
Emergency Call System (if installed)						
Fire Protection						
Accessibility						
Electrical, Air Conditioning and Heating	1/					
Insect/Rodent Infestation						
Living Room/Dining Room	λ	F	ν	RCD	N/A	
Entrance Door						
Walls and Ceilings						
Door and Windows						
Flooring						
Kitchen	A	F	V	ECD	N/A	
Walls and Ceilings				-		
Windows						
Refrigerator					1	
Range and Range Hood						
Sinks						
Cabinets						
Flooring						
Accessibility						
Bathroom	A	F	V	ECD	N/A	
Water Closet						
Bathtub and Shower Stall						
Sinks/Vanity						
Walls and Ceilings	V.					
Doors						
Flooring						
Accessibility				_		
Bedroom	A	F	ν	ECD	N/A	
Walls and Ceilings						
Door and Windows	1			_		
Flooring						

Comments/Observations(use additional sheets(s) as needed):

Need to strip relean floors Unit has been repainted a some electrical work completed

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